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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself			
			About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name			
	your pictu exar licer Brin iden	e the name that is on a government-issued ure identification (for mple, your driver's use or passport). g your picture tification to your ting with the trustee.	Jayne First name M Middle name Lesniak Last name and Suffix (Sr., Jr., II, III)	-	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.			
3.	you num Indi	y the last 4 digits of r Social Security aber or federal vidual Taxpayer atification number	xxx-xx-9658		

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Case number (if known)

Debtor 1 Jayne M Lesniak

About Debtor 2 (Spouse Only in a Joint Case): About Debtor 1: Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 4875 N. Paulina St, Apt 3D Chicago, IL 60640 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Jayne M Lesniak

ar	Tell the Court About	Your E	3ankruptcy Ca	ise						
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.								
	choosing to file under		Chapter 7							
			Chapter 11							
			Chapter 12							
			Chapter 13							
3.	How you will pay the fee	•	about how yo	u may pay. Ty attorney is sub	pically, if you are	paying the fe	check with the clerk's of the yourself, you may pay behalf, your attorney m	y with cash, cash	ier's check, or money	
					stallments. If you		option, sign and attach	the <i>Application fo</i>	or Individuals to Pay	
			but is not requapplies to you	uired to, waive ur family size a	your fee, and m and you are unab	ay do so only le to pay the f	ption only if you are filir if your income is less th ee in installments). If yo Official Form 103B) and	nan 150% of the o ou choose this op	official poverty line tha otion, you must fill out	ıt
).	Have you filed for bankruptcy within the	■ N	o.							
	last 8 years?	□ Y	es.							
			District			When	Case	e number		
			District			When	Case	e number		
			District			When	Case	e number		_
10.	Are any bankruptcy cases pending or being	■ N	0							_
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Y	es.							
			Debtor				Relati	onship to you		_
			District			When	Case	number, if known	n	_
			Debtor					onship to you		
			District			When	Case	number, if knowr	1	
11.	Do you rent your residence?	■ N	o. Go to li	ine 12.						
		□ Y	es. Has yo	ur landlord obt	tained an evictio	n judgment ag	ainst you and do you w	ant to stay in you	ır residence?	
				No. Go to line	e 12.					
				Yes. Fill out <i>li</i> bankruptcy pe		About an Evic	tion Judgment Against \	You (Form 101A)	and file it with this	

Document Page 4 of 54 Case number (if known) Jayne M Lesniak Debtor 1 Part 3: Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ■ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Jayne M Lesniak

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Jayne M Lesniak		Docume		ımber (if known)
Pari	6: Answer These Quest	tions for Re	eporting Purposes		
16.	What kind of debts do you have?	16a.	Are your debts primarily co individual primarily for a personal primari	nsumer debts? Consumer debts are onal, family, or household purpose."	defined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		isiness debts? Business debts are destreament or through the operation of the	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you or	we that are not consumer debts or bus	siness debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and	property is excluded and administrative expenses tors?			
	administrative expenses		■ No		
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes		
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
		□ 200-99	99		
19.	How much do you estimate your assets to be worth?	□ \$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you estimate your liabilities to be?	□ \$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion
Part	7: Sign Below				
For	you	I have ex	amined this petition, and I dec	lare under penalty of perjury that the i	nformation provided is true and correct.
					gible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7.
				ot pay or agree to pay someone who e notice required by 11 U.S.C. § 342(b	is not an attorney to help me fill out this).
		I request	relief in accordance with the c	hapter of title 11, United States Code,	specified in this petition.
		bankrupto and 3571	cy case can result in fines up to		ney or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Jayne N	I Lesniak of Debtor 1	Signature of D	ebtor 2
		Executed	on <u>October 6, 2016</u> MM / DD / YYYY	Executed on	MM / DD / YYYY
			ואוואו / טט / ו ז ז ז ז		

Debtor 1 Jayne M Lesniak Document Page 7 of 54

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Joseph	Q. Lou	Date	October 6, 2016	
Signature of	Attorney for Debtor		MM / DD / YYYY	
	_			
Joseph Q.	Lou			
Printed name				
Joseph Q.	Lou, LLC			
Firm name				
4001 W. De	evon Ave			
Suite 201				
Chicago, I	L 60646			
Number, Street,	City, State & ZIP Code			
Contact phone	773-286-8484	Email address	Court@Josephlou.com	
6290082				
Bar number & St	tata			

		DOGUIII	eni Paue o ui 54	
Fill in this infor	mation to identify your	case:		
Debtor 1	Jayne M Lesniak			
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				Charle if this is an
ii Kilowii)				☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	11: Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	4,700.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	4,700.00
Par	t 2: Summarize Your Liabilities		
			abilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	30,052.93
	Your total liabilities	\$	30,052.93
Par	t3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,556.70
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,565.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	edules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	a personal,	family, or

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known) Debtor 1 Jayne M Lesniak

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,466.66 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Debto			Document	t Page 10 of 54		
Debto	this info	rmation to identify yo	our case and this filing:			
	or 1	Jayne M Lesni First Name	Middle Name	Last Name		
Debto	ır 2	First Name	ivildale Name	Last Name		
	e, if filing)	First Name	Middle Name	Last Name		
United	d States B	ankruptcy Court for the	e: NORTHERN DISTRICT OF	ILLINOIS		
Casa	numbor					
Case	number					Check if this is an amended filing
						3
Offi	cial Ea	orm 106A/B				
		le A/B: Pro				12/15
think it informa	fits best.	Be as complete and according as a complete a	cribe items. List an asset only once curate as possible. If two married p ach a separate sheet to this form. (eople are filing together, both a	re equally responsible for s	supplying correct
Part 1:	Describe	e Each Residence, Build	ding, Land, or Other Real Estate Yo	ou Own or Have an Interest In		
1. Do v	ou own or	have any legal or equit	able interest in any residence, buil	lding, land, or similar property?		
´		, , , ,	,,,	g, p. sp s - y .		
	lo. Go to Pa					
ЦΥ	es. Where	is the property?				
Part 2:	Describe	e Your Vehicles				
3. Car □ N ■ Y	lo .	rucks, tractors, spor	t utility vehicles, motorcycles			
3.1	Make:	Toyota	Who has an interest	in the property? Check one		claims or exemptions. Put
3.1	Make: Model:	Toyota Corolla		in the property? Check one	the amount of any secu	claims or exemptions. Put red claims on Schedule D: aims Secured by Property.
3.1			Who has an interest ■ Debtor 1 only □ Debtor 2 only	in the property? Check one	the amount of any secu	red claims on Schedule D:
3.1	Model: Year: Approxima	Corolla 2004 ate mileage:	Debtor 1 only Debtor 2 only Debtor 1 and Deb	tor 2 only	the amount of any secu Creditors Who Have Cl	red claims on Schedule D: aims Secured by Property.
3.1	Model: Year:	Corolla 2004 ate mileage:	Debtor 1 only Debtor 2 only	tor 2 only	the amount of any secu Creditors Who Have Cl Current value of the	red claims on Schedule D: laims Secured by Property. Current value of the
3.1	Model: Year: Approxima	Corolla 2004 ate mileage:	Debtor 1 only Debtor 2 only Debtor 1 and Deb	tor 2 only debtors and another	the amount of any secu Creditors Who Have Cl Current value of the	red claims on Schedule D: laims Secured by Property. Current value of the

6. Household goods and furnishings

Examples: Major appliances, furnitum

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

Case 16-32081 Filed 10/07/16 Entered 10/07/16 10:32:33 Document Page 11 of 54 Debtor 1 Jayne M Lesniak Case number (if known) Yes. Describe..... \$400.00 Used Household Furnitures and Items 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$300.00 Misc. Household Electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... **Used Clothings** \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Yes. Describe..... \$300.00 Miscellaneous Household Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,500.00 for Part 3. Write that number here

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Doc 1

Current value of the portion you own? Do not deduct secured

Desc Main

Case 16-32081 Doc 1 Filed 10/07/16 Entered 10/07/16 10:32:33 Desc Main Document Page 12 of 54 Case number (if known) Jayne M Lesniak Debtor 1 claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ No ■ Yes..... **Available** \$100.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... Checking and \$400.00 Chase 17.1. Saving 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No

☐ Yes...... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No

Yes...... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

■ No

☐ Yes. Give specific information about them...

		Case 16-320	81 Doc 1		Entered 10/07/16 10:32:33	3 Desc Main
De	ebtor 1	Jayne M Lesniak		Document	Page 13 of 54 Case number (if known	wn)
26.	Examp ■ No		ames, websites, p	ets, and other intellectu proceeds from royalties a		
27.	Examp ■ No	es, franchises, and o bles: Building permits, Give specific informat	exclusive licenses		n holdings, liquor licenses, professional lic	enses
M	oney or	property owed to you	u?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	□ No	iunds owed to you Give specific informati	ion about them, in	cluding whether you alrea	ady filed the returns and the tax years	
			201	5 Tax Refund, \$707. I Necessities.	Jsed on	\$0.00
	Example No □ Yes.	Give specific informati amounts someone ov oles: Unpaid wages, di	on	payments, disability bene	ort, maintenance, divorce settlement, prop	
31.	Yes.	Give specific informates in insurance polic poles: Health, disability,	ies	health savings account (I	HSA); credit, homeowner's, or renter's ins	urance
			ompany of each p Company name:	policy and list its value.	Beneficiary:	Surrender or refund value:
32.	If you a someo		a living trust, expe	n someone who has die ct proceeds from a life in	d surance policy, or are currently entitled to	receive property because
33.	Examp ■ No		yment disputes, ir	you have filed a lawsui nsurance claims, or rights	t or made a demand for payment to sue	
34.	■ No	contingent and unlique		f every nature, including	g counterclaims of the debtor and right	s to set off claims
35.	■ No	ancial assets you did	•			

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Deb	Jayne M Lesniak		Case number (if known)	
36.	Add the dollar value of all of your entries from Part 4, includir for Part 4. Write that number here			\$500.00
Part	5: Describe Any Business-Related Property You Own or Have an Inte	erest In. List any real est	ate in Part 1.	
37. C	Oo you own or have any legal or equitable interest in any business-relat	ted property?		
	No. Go to Part 6.			
	Yes. Go to line 38.			
Part	6: Describe Any Farm- and Commercial Fishing-Related Property You lif you own or have an interest in farmland, list it in Part 1.	u Own or Have an Intere	st In.	
46. I	Do you own or have any legal or equitable interest in any farm-	- or commercial fishing	ng-related property?	
	No. Go to Part 7.			
	☐ Yes. Go to line 47.			
Part	7: Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
	Do you have other property of any kind you did not already list Examples: Season tickets, country club membership No Yes. Give specific information	1?		
54.	Add the dollar value of all of your entries from Part 7. Write the	hat number here		\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$2,700.00	_	
57.	Part 3: Total personal and household items, line 15	\$1,500.00		
58.	Part 4: Total financial assets, line 36	\$500.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+\$0.00		
62.	Total personal property. Add lines 56 through 61	\$4,700.00	Copy personal property total	\$4,700.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$4,700.00

Official Form 106A/B Schedule A/B: Property page 5

Fill in this infor	rmation to identify your	case:		
Debtor 1	Jayne M Lesniak			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify t	he Property	You Claim	as Exempt

 Which set of exemptions are you claiming? Check one only, even if your spouse is filing y

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property		portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	2004 Toyota Corolla Line from Schedule A/B: 3.1	\$2,700.00		\$2,400.00	735 ILCS 5/12-1001(c)
	Line Horr Schedule A/D. 3.1		100% of fair market value, up to any applicable statutory limit		
	2004 Toyota Corolla Line from Schedule A/B: 3.1	\$2,700.00		\$300.00	735 ILCS 5/12-1001(b)
	Line from Scredule A/B. 3.1			100% of fair market value, up to any applicable statutory limit	
	Used Household Furnitures and Items	\$400.00		\$400.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	Misc. Household Electronics Line from Schedule A/B: 7.1	\$300.00		\$300.00	735 ILCS 5/12-1001(b)
	Zino nom concusto 742. TT			100% of fair market value, up to any applicable statutory limit	
	Used Clothings Line from Schedule A/B: 11.1	\$500.00		\$500.00	735 ILCS 5/12-1001(a)
	End nom concease / V.D. 1111			100% of fair market value, up to any applicable statutory limit	

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1 Jayne M Lesniak Case number (if known)

Debic	Jayrie ivi Lesiliak					
Brief description of the property and line on Schedule A/B that lists this property		Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption	
		Copy the value from Check only one box for each exemption. Schedule A/B				
	Miscellaneous Household Jewelry ine from Schedule A/B: 12.1	<u>\$300.00</u> ■		\$300.00	735 ILCS 5/12-1001(b)	
L	ine nom <i>Schedule A/B</i> . 12.1			100% of fair market value, up to any applicable statutory limit		
-	Available Cash ine from Schedule A/B: 16.1	\$100.00		\$100.00	735 ILCS 5/12-1001(b)	
L	ine nom <i>Schedule A/B</i> . 19.1			100% of fair market value, up to any applicable statutory limit		
	Checking and Saving: Chase ine from Schedule A/B: 17.1	\$400.00		\$400.00	735 ILCS 5/12-1001(b)	
Line Irom Scriedule A/B. 17.1				100% of fair market value, up to any applicable statutory limit		
	Are you claiming a homestead exemption Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover No Yes	3 years after that for ca	ases fi			

Fill in this infor	rmation to identify your	case:		
Debtor 1	Jayne M Lesniak			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

`	5436 10 02001	Document	Page 18 c	of 54	Description
Fill in this inf	ormation to identify your				
Debtor 1	Jayne M Lesniak				
200101	First Name	Middle Name	Last Name		
Debtor 2	- AN	ACTUAL N			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	NORTHERN DISTRICT OF ILL	.INOIS		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official Fo	orm 106E/F				
		/ho Have Unsecured	Claims		12/15
any executory c Schedule G: Exc Schedule D: Cre left. Attach the (ontracts or unexpired leases ecutory Contracts and Unexp editors Who Have Claims Sec	se Part 1 for creditors with PRIORIT's that could result in a claim. Also libired Leases (Official Form 106G). Dured by Property. If more space is rege. If you have no information to rep	st executory cont o not include any needed, copy the	tracts on Schedule A/B: Proper or creditors with partially secure Part you need, fill it out, numb	rty (Official Form 106A/B) and on ed claims that are listed in per the entries in the boxes on the
Part 1: List	t All of Your PRIORITY Ur	nsecured Claims			
1. Do any cre	ditors have priority unsecure	ed claims against you?			
No. Go t	to Part 2.				
☐ Yes.					
Part 2: Lis	t All of Your NONPRIORIT	TY Unsecured Claims			
3. Do any cre	ditors have nonpriority unsec	cured claims against you?			
☐ No. You	have nothing to report in this p	part. Submit this form to the court with y	your other schedul	es.	
Yes.					
unsecured	claim, list the creditor separatel	laims in the alphabetical order of the y for each claim. For each claim listed, list the other creditors in Part 3.If you h	, identify what type	of claim it is. Do not list claims a	already included in Part 1. If more
					Total claim
4.1 AMC	Anesthesia LTD	Last 4 digits of acco	ount number 2	234	\$376.00
35078	ority Creditor's Name 8 Eagle Way ago, IL 60678	When was the debt	incurred?		
	er Street City State Zlp Code	As of the date you f	ile, the claim is: (Check all that apply	
Who in	ncurred the debt? Check one.				
■ Deb	otor 1 only	☐ Contingent			
☐ Deb	otor 2 only	☐ Unliquidated			
☐ Deb	otor 1 and Debtor 2 only	☐ Disputed			
☐ At I	east one of the debtors and an	other Type of NONPRIOR	ITY unsecured cla	aim:	
	eck if this claim is for a com				
debt	claim subject to offset?	☐ Obligations arising report as priority clair	• .	on agreement or divorce that you	ı did not
■ No	James da bjoot to ondets			ans, and other similar debts	
☐ Yes		Other. Specify		, ,	
□ res		Other. Specify			

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Debtor 1 Jayne M Lesniak Case number (if know) \$1,232.00 4.2 Amex Last 4 digits of account number 0493 Nonpriority Creditor's Name Opened 09/08 Last Active Po Box 297871 When was the debt incurred? 8/02/11 Fort Lauderdale, FL 33329 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.3 Amex Dsnb Last 4 digits of account number 9982 \$0.00 Nonpriority Creditor's Name Opened 12/19/09 Last Active Po Box 8218 When was the debt incurred? 04/14 Mason, OH 45040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.4 Last 4 digits of account number 4864 \$0.00 Cap1/carsn Nonpriority Creditor's Name Opened 12/02/07 Last Active Po Box 30253 When was the debt incurred? 7/05/12 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

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Debtor 1 Jayne M Lesniak Case number (if know) \$0.00 4.5 Cap1/saks Last 4 digits of account number 6485 Nonpriority Creditor's Name Opened 2/28/08 Last Active 3455 Highway 80 W When was the debt incurred? 4/11/08 Jackson, MS 39209 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.6 **Capital One** Last 4 digits of account number 7002 \$0.00 Nonpriority Creditor's Name Opened 02/08 Last Active Po Box 5253 When was the debt incurred? 01/09 Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.7 Capital One Last 4 digits of account number 1683 \$0.00 Nonpriority Creditor's Name Opened 11/12/03 Last Active Po Box 30253 10/19/07 When was the debt incurred? Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes

Document Page 21 of 54 Debtor 1 Jayne M Lesniak Case number (if know) \$2,908.00 4.8 Capital One Bank Usa N Last 4 digits of account number 5617 Nonpriority Creditor's Name Opened 08/14 Last Active Po Box 30281 When was the debt incurred? 5/02/16 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.9 Capital One Bank Usa N Last 4 digits of account number 8914 \$0.00 Nonpriority Creditor's Name Opened 02/03 Last Active 15000 Capital One Dr When was the debt incurred? 9/18/06 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 **Chase Card** 9628 \$12,493.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/07 Last Active Po Box 15298 When was the debt incurred? 4/29/11 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Credit Card

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Debtor 1 Jayne M Lesniak Case number (if know) 4.1 **Chase Card** 4998 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 03/07 Last Active Po Box 15298 When was the debt incurred? 3/07/08 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 **Chase Card** 9537 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 02/08 Last Active Po Box 15298 When was the debt incurred? 07/14 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.1 Chase Card 9977 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 05/06 Last Active Po Box 15298 When was the debt incurred? 6/14/07 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Jayne M Lesniak Case number (if know) 4.1 Comenity Bank/carsons 3421 \$1,735.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 07/12 Last Active Po Box 182789 When was the debt incurred? 5/02/16 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Diagnostic Radiology Specialists 3665 \$426.24 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Department 4062 Carol Stream, IL 60122 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Bills** Other. Specify 4.1 **Discover Fin Svcs Llc** 4377 \$4,124.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 03/05 Last Active Pob 15316 When was the debt incurred? 4/29/11 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Jayne M Lesniak Case number (if know) **Dsnb Macys** 5400 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/19/09 Last Active Po Box 8218 When was the debt incurred? 2/02/11 Mason, OH 45040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 **Exxmblciti** 5559 \$0.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 4/26/94 Last Active Po Box 6497 When was the debt incurred? 4/20/07 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.1 \$2,216.00 Kohls/capone 8919 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/03 Last Active N56 W 17000 Ridgewood Dr When was the debt incurred? 7/29/16 Menomonee Falls, WI 53051 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

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Document Page 25 of 54 Case number (if know) Debtor 1 Jayne M Lesniak 4.2 \$200.00 Sch Laboratory Physicians Last 4 digits of account number 0 Nonpriority Creditor's Name Department 4353 When was the debt incurred? Carol Stream, IL 60122 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Bills ☐ Yes 4.2 Sch Laboratory Physicians \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 5700 Southwyck Blvd When was the debt incurred? **Toledo, OH 43614** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Additional Notice ☐ Yes 4.2 Swedish Covenant Hospital 6983 \$1,435,69 Last 4 digits of account number Nonpriority Creditor's Name 7426 Solution Center When was the debt incurred? Chicago, IL 60677 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed

Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical Bills

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Debtor 1 Jayne M Lesniak Case number (if know) 4.2 **Swedish Covenant Hospital** 6633 \$545.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 7452 Solution Center When was the debt incurred? Chicago, IL 60677 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Bills ☐ Yes 4.2 **Swedish Covenant Hospital** \$2,200.00 Last 4 digits of account number Nonpriority Creditor's Name 5145 N. California Ave When was the debt incurred? Chicago, IL 60625 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Bills - Various Account Numbers ☐ Yes 4.2 Svncb/avc \$46.00 4389 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/13 Last Active Po Box 965018 When was the debt incurred? 8/28/16 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other, Specify Charge Account

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Debtor 1 Jayne M Lesniak Case number (if know) 4.2 Syncb/qvc 6591 \$0.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 10/06/13 Last Active Po Box 965018 When was the debt incurred? 3/17/14 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.2 Syncb/sams Club 2627 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 3/28/03 Last Active Po Box 965005 When was the debt incurred? 8/18/08 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Charge Account 42 Syncb/tix 4930 \$0.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 4/09/10 Last Active Po Box 965005 When was the debt incurred? 3/04/14 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

Debto	r1 Jayne M Lesniak	Document Page 28	8 of 54 Case number (if know)	iaiii
4.2	Syncb/tjx Cos	Last 4 digits of account number	3275	\$116.00
	Nonpriority Creditor's Name Po Box 965005 Orlando, FL 32896	When was the debt incurred?	Opened 04/10 Last Active 8/02/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	d claim: ration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Charge Acc		
4.3	Thd/cbna	Last 4 digits of account number	9090	\$0.00
	Nonpriority Creditor's Name Po Box 6497 Sioux Falls, SD 57117	When was the debt incurred?	Opened 12/16/06 Last Active 4/20/08	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans		
	ls the claim subject to offset? ■ No	☐ Obligations arising out of a sepa report as priority claims ☐ Debts to pension or profit-sharin	ration agreement or divorce that you did not g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.3	Van Ru Credit Corporation Nonpriority Creditor's Name	Last 4 digits of account number	0456	\$0.00
	1350 E. Touhy Ave Suite 300E Des Plaines, IL 60018 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim i	S. Chook all that apply	
	Who incurred the debt? Check one.	_	5. Спеск ан mat арру	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans		
	debt	I I Obligations arising out of a sena	ration agreement or divorce that you did not	

Part 3: List Others to Be Notified About a Debt That You Already Listed

 \square Debts to pension or profit-sharing plans, and other similar debts

Notice to Collection Attorney(s) For

■ No

☐ Yes

Other. Specify **Discover**

report as priority claims

Is the claim subject to offset?

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Jayne M Lesniak

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				1	Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	30,052.93
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	30,052.93

			111 1 auc. 30 th 37	
Fill in this infor	mation to identify your	case:		
Debtor 1	Jayne M Lesniak			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				-
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3	<u> </u>		<u> </u>	2 0000	
	Name				
	Number	Street			_
	City		State	ZIP Code	-
2.4					
,	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	-				
2.0	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
	Jily		Cidio		

		Docume	nt Page 31 d	OT 54	
Fill in this in	formation to identify your	case:			
Debtor 1	Jayne M Lesniak				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number	r				☐ Check if this is an
Official I	Form 106U				amended filing
	Form 106H I <mark>le H: Your Cod</mark>	ebtors			12/15
people are fil ill it out, and our name ar	ing together, both are equ	ally responsible for supp boxes on the left. Attach . Answer every question	olying correct informat the Additional Page t	tion. If more space is to this page. On the to	rate as possible. If two married needed, copy the Additional Page, up of any Additional Pages, write
	,	, , ,	·		
■ No □ Yes					
Arizona,	California, Idaho, Louisiana				ty states and territories include)
_	o to line 3. Did your spouse, former spor	use, or legal equivalent live	e with you at the time?		
in line 2 Form 10 out Colu	again as a codebtor only i 6D), Schedule E/F (Official	f that person is a guaran	tor or cosigner. Make	sure you have listed t 06G). Use Schedule D	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill editor to whom you owe the debt
	ne, Number, Street, City, State and Z	IP Code		Check all schedul	
3.1				☐ Schedule D, lir	ne.
Nai	me			□ Schedule E/F,	-
				☐ Schedule G, lin	ne
Nui	mber Street	State	ZIP Code	_	
2.2				Поделяль в «	
3.2 Nai	me			_ ☐ Schedule D, lir ☐ Schedule E/F,	
				☐ Schedule G, lir	
Nin	mber Street				
City		State	ZIP Code		

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Fill	in this information to identify your o	ase:									
Del	otor 1 Jayne M Le	sniak				_					
	otor 2					_					
Uni	ted States Bankruptcy Court for the	e: NORTHERN DISTRIC	CT OF ILLIN	OIS		_					
	se number nown)			Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:							
0	fficial Form 106I						- M	/M / DD/ Y	YYY		
S	chedule I: Your Inc	ome									12/1
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. T1: Describe Employment Fill in your employment	ur spouse is not filing wi	ith you, do r	not include i	nforr	natio	on abou	t your spo	ouse. If more	space is	needed,
١.	information.		Debtor 1					Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed					☐ Employed			
			☐ Not employed					☐ Not e	mployed		
	Include part-time, seasonal, or	Occupation	Agent								
	self-employed work.	Employer's name	Skyline Insurance Agency								
	Occupation may include student or homemaker, if it applies.	Employer's address		Belmont , IL 60618							
		How long employed t	here?	6 yrs				_			
Par	t 2: Give Details About Mo	nthly Income									
spou If yo	mate monthly income as of the cuse unless you are separated. our your non-filing spouse have m	ore than one employer, co	•				•		•	·	Ū
more	e space, attach a separate sheet to	this form.					For Del	btor 1	For Debto		
2.	List monthly gross wages, sala deductions). If not paid monthly,				2.	\$	3	,466.66	\$	N/A	-
3.	Estimate and list monthly over	time pay.			3.	+\$		0.00	+\$	N/A	

3,466.66

N/A

Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	Jayne M Lesniak	_	Cas	e number (if know	vn)				
				Fo	or Debtor 1			Debtor 2 o		
	Cop	by line 4 here	4.	\$	3,466.0	66	\$		N/A	
5.	l ist	all payroll deductions:								
0.	5a.	Tax, Medicare, and Social Security deductions	5a.	. \$	790.4	12	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		0.0		\$—		N/A	
	5c.	Voluntary contributions for retirement plans	5c.			00	\$-		N/A	
	5d.	Required repayments of retirement fund loans	5d.		0.0	_	\$		N/A	
	5e.	Insurance	5e.	. \$	119.		\$		N/A	
	5f.	Domestic support obligations	5f.	\$	0.0	00	\$		N/A	
	5g.	Union dues	5g.	. \$	0.0	00	\$		N/A	
	5h.	Other deductions. Specify:	5h.	.+ \$	0.0	00	+ \$		N/A	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	909.	96	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,556.	70	\$		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.	. \$	0.0	00	\$		N/A	
	8b.	Interest and dividends	8b.	. \$	0.0	00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		0.0	_	\$		N/A	
	8d.	Unemployment compensation	8d.		0.0		\$		N/A	
	8e.	Social Security	8e.	. \$	0.0	00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		0.0		\$		N/A	
	8g.	Pension or retirement income	8g.		0.0		\$		N/A	
	8h.	Other monthly income. Specify:	8h.	.+ \$	0.0	00	+ \$		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.0	00	\$		N/A	\ <u> </u>
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,556.70 +	\$		N/A =	\$	2,556.70
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				<u> </u>			L –	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00									
12.		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	ombin	2,556.70
13.	Do	you expect an increase or decrease within the year after you file this form	?					m	onthly	y income
10.	5 0	No.	•							
	_	Yes. Explain:								

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						-		
Fill in	this informa	tion to identify yo	our case:					
Debto	or 1	Jayne M Les	sniak			Che	eck if this is:	
Debto	or 2						An amended filing	wing postpetition chapter
	ise, if filing)					"		the following date:
United	d States Bankr	uptcy Court for the	: NORTH	ERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
Case	number							
(If kno	own)							
Off	icial Fo	rm 106J				-		
		J: Your	Fyner	1808				12/1
Be as infor num	s complete a mation. If m ber (if know	and accurate as ore space is ne n). Answer eve	s possible eded, atta ry questio	. If two married people ar ich another sheet to this				
Part 1	1: Descr Is this a join	ibe Your House it case?	ehold					
	■ No. Go to							
			in a separ	ate household?				
	□ N	0						
	☐ Ye	es. Debtor 2 mus	st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of De	btor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						Yes
								□ No □ Yes
								□ res
								☐ Yes
								□ No
								☐ Yes
		enses include f people other t	han	No				
		d your depende		Yes				
Part 2	2: Estim	ate Your Ongoi	na Month	ly Fynansas				
Estin expe	nate your ex	penses as of y	our bankr	uptcy filing date unless y y is filed. If this is a supp				
the v		n assistance an		government assistance i cluded it on <i>Schedule I:</i> \			Your exp	enses
-								
		r home owners ad any rent for th		ses for your residence. I or lot.	nclude first mortgag	Je 4.	\$	1,000.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
	•	rty, homeowner's	•			4b.	·	0.00
				ıpkeep expenses		4c.	·	20.00
		owner's associa		dominium dues our residence, such as ho	me equity loops	4d. 5.	·	0.00 0.00
J.	Auditivitat I	yay c paylli	unto ful ye	on residence, such as 110	me equity iodils	J.	Ψ	v.vv

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or 1 <u>J</u>	ayne M Lesniak	Case num	ber (if known)	
Utilities	:			
	Electricity, heat, natural gas	6a.	\$	120.00
	Vater, sewer, garbage collection	6b.	\$	0.00
	elephone, cell phone, Internet, satellite, and cable services	6c.		200.00
	Other. Specify:	6d.		0.00
	nd housekeeping supplies	7.	·	370.00
	are and children's education costs	8.	\$	
		o. 9.	\$	0.00
	ng, laundry, and dry cleaning		·	60.00
	al care products and services	10.	·	60.00
	l and dental expenses	11.	\$	50.00
	ortation. Include gas, maintenance, bus or train fare.	12.	¢	300.00
	include car payments.		·	
	ninment, clubs, recreation, newspapers, magazines, and books	13.		90.00
	ble contributions and religious donations	14.	>	0.00
Insuran				
	include insurance deducted from your pay or included in lines 4 or 20.	45	c	
	ife insurance	15a.		0.00
	lealth insurance	15b.		120.00
	ehicle insurance	15c.		70.00
15d. O	Other insurance. Specify: Dental Insurance	15d.	· .	40.00
R	Rental Insurance	_	\$	15.00
Taxes.	Do not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:	: <u> </u>	16.	\$	0.00
	nent or lease payments:			
17a. C	Car payments for Vehicle 1	17a.	\$	0.00
17b. C	Car payments for Vehicle 2	17b.	\$	0.00
17c. O	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	ayments of alimony, maintenance, and support that you did not report		·	
	ed from your pay on line 5, Schedule I, Your Income (Official Form 10		\$	0.00
	payments you make to support others who do not live with you.	•	\$	0.00
Specify:		19.		
	eal property expenses not included in lines 4 or 5 of this form or on S	Schedule I: Yo	our Income.	
	Nortgages on other property	20a.		0.00
	Real estate taxes	20b.	\$	0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Aaintenance, repair, and upkeep expenses	20d.		0.00
	Homeowner's association or condominium dues	20a. 20e.		0.00
			· <u> </u>	
Otner: 3	Specify: Pet Food and Care Expenses	21.	+\$	50.00
Calcula	ate your monthly expenses			
	Id lines 4 through 21.		\$	2,565.00
	ppy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J	I-2	\$	_,000.00
	Id line 22a and 22b. The result is your monthly expenses.	_	\$	2 505 00
220. AU	iu iilie 22a anu 22b. The result is your monthiy expenses.		Ψ	2,565.00
Calcula	ate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,556.70
	Copy your monthly expenses from line 22c above.	23b.		2,565.00
	177			
23c. S	Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	-8.30
	7 7			
	expect an increase or decrease in your expenses within the year afte	er vou file this	form?	
For exam	nple, do you expect to finish paying for your car loan within the year or do you expect			se or decrease because o
For exam				se or decrease because
For exam	nple, do you expect to finish paying for your car loan within the year or do you expect			se or decrease because

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Fill in this inform	ation to identify your	case:			
Debtor 1	Jayne M Lesniak				
	First Name	Middle Name	Last Name	-	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court for the:	NORTHERN DISTRICT	Γ OF ILLINOIS		
Case number					☐ Check if this is an amended filing
Official Form Declarati		ın Individual	l Debtor's Sc	hedules	12/15
You must file this obtaining money years, or both. 18	form whenever you fi	le bankruptcy schedule n connection with a ban		. Making a false statem	ent, concealing property, or or imprisonment for up to 20
Did you pay	or agree to pay some	one who is NOT an atto	rney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes. Na	ame of person				uptcy Petition Preparer's Notice, and Signature (Official Form 119)
	y of perjury, I declare true and correct.	that I have read the sum	nmary and schedules file	d with this declaration	and
Jayne N	e M Lesniak I Lesniak e of Debtor 1		X Signature of	Debtor 2	

Date

Date October 6, 2016

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	n this inform	nation to identify you	r casa:			
Debt	101 1	Jayne M Lesnial First Name	Middle Name	Last Name		
Debt		First Name	Middle News	Loot Name		
	se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Bar	kruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
Case (if kno	e number wn)				_	Check if this is an Imended filing
Sta Be as	s complete a	of Financial		re filing together, both are	ankruptcy equally responsible for sup	
). Answer every ques	-		, additional pages, write you	ar name and case
Part	1: Give D	etails About Your Ma	urital Status and Where You	Lived Before		
1. '	What is your	current marital statu	is?			
	□ Married■ Not married	ried				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	all of the places you l	ived in the last 3 years. Do no	ot include where you live now	·.	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territor co, Texas, Washington and V	
	■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	ificial Form 106H).		
Part	2 Explain	n the Sources of You	r Income			
l	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$29,966.61	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of in Check all that		Gross income (before deductions and exclusions)
	last calen nuary 1 to	dar year: December 3	31, 2015)	■ Wages, commissions, bonuses, tips	\$45,816.0	0 ☐ Wages, conbonuses, tips	mmissions,	
				☐ Operating a business		☐ Operating a	business	
		dar year bef December 3		■ Wages, commissions, bonuses, tips	\$38,158.0	0 ☐ Wages, cor bonuses, tips	nmissions,	
				☐ Operating a business		☐ Operating a	business	
	winnings. List each s	lf you are filir	ng a joint cas	pensions; rental income; inter e and you have income that y me from each source separat	ou received together, list	it only once under D	ebtor 1.	gamaing and lotter,
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of in Describe below		Gross income (before deductions and exclusions)
Par	t 3: List	Certain Pay	ments You	Made Before You Filed for I	Bankruptcy			
6.	□ No.	Neither De individual p During the S No. Yes * Subject to	btor 1 nor D rimarily for a 90 days befor Go to line 7. List below e paid that cre not include p o adjustment r Debtor 2 or 90 days befor Go to line 7. List below e	ach creditor to whom you paid ditor. Do not include paymen bayments to an attorney for the on 4/01/19 and every 3 years to both have primarily consure you filed for bankruptcy, did ach creditor to whom you paid	mer debts. Consumer ded purpose." d you pay any creditor a to do a total of \$6,425* or mosts for domestic support on his bankruptcy case. It is after that for cases filed mer debts. d you pay any creditor a to do a total of \$600 or more	otal of \$6,425* or more path of the date of \$600 or more and the total amoun	ore? syments and the hild support a of adjustment. ?	ne total amount you nd alimony. Also, do
			, ,	nents for domestic support of this bankruptcy case.	oligations, such as child s	support and alimony.	Also, do not i	nclude payments to an
	Creditor'	s Name and	Address	Dates of payme	nt Total amount paid		Was this p	payment for

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Del	otor 1	Jayne M Lesniak	Document	Page 39 of 54	t se number (<i>if known</i>)		
7.	Inside of whi	n 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	rtners; relatives of any ger control, or owner of 20% (neral partners; partners or more of their voting	erships of which you g securities; and ar	u are a gener ny managing a	al partner; corporations agent, including one for
		No Yes. List all payments to an insider.	Parties of the control	T-(-1(D (
	Insic	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	inside Includ	de payments on debts guaranteed or cos		yments or transfer a	any property on ac	count of a d	ebt that benefited an
		No Yes. List all payments to an insider					
		der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment ditor's name
Par	t 4:	Identify Legal Actions, Repossession	ns. and Foreclosures	•			
9.	List al	n 1 year before you filed for bankrupto Il such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details.					
		e title e number	Nature of the case	Court or agency		Status of the	ne case
10.	Checl	n 1 year before you filed for bankrupto k all that apply and fill in the details below No. Go to line 11.		erty repossessed, f	oreclosed, garnis	hed, attache	d, seized, or levied?
		Yes. Fill in the information below.					
	Cred	litor Name and Address	Describe the Property Explain what happene		Date		Value of the property
11.	accor	n 90 days before you filed for bankrup unts or refuse to make a payment beca No Yes. Fill in the details.	otcy, did any creditor, inc		nancial institution	, set off any	amounts from your
	Cred	litor Name and Address	Describe the action th	e creditor took	Date a	action was	Amount
12.		n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a		erty in the possess	ion of an assigned	e for the ben	efit of creditors, a
	_	No Yes					
Par	t 5:	List Certain Gifts and Contributions					
13.	= 1	n 2 years before you filed for bankrup No Yes. Fill in the details for each gift.	tcy, did you give any gif	ts with a total value	of more than \$600	0 per person	?

Person to Whom You Gave the Gift and Address:

per person

Official Form 107

Gifts with a total value of more than \$600

Describe the gifts

Value

Dates you gave the gifts

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14.	Within 2 years before you filed for bankru No Yes. Fill in the details for each gift or co		did you give any gifts or contributions with a totation.	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	otal	Describe what you contributed	Dates you contributed	Value
Par	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankrup or gambling?	ptcy o	r since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,
	■ No □ Yes. Fill in the details.				
	Describe the property you lost and how the loss occurred	Includ	ribe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfers	.			
16.	consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition p	repari	lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services require		rty to anyone you
	NoYes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Joseph Q. Lou, LLC 4001 W. Devon Ave Suite 201 Chicago, IL 60646 Court@Josephlou.com		Attorney Fees	2016	\$1,130.00
	Summit Financial Education 4800 E Flower St Tucson, AZ 85712 www.summitfe.org		Credit Counseling Course	2016	\$10.00
17.	promised to help you deal with your cred Do not include any payment or transfer that	litors o		or transfer any prope	rty to anyone who
	■ No □ Yes. Fill in the details.				
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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Debtor 1 Jayne M Lesniak

18.	Within 2 years before you filed for bankruptor transferred in the ordinary course of your but include both outright transfers and transfers made include gifts and transfers that you have already No	siness or financial affa de as security (such as the	irs? he granting of a se					
	Yes. Fill in the details.							
	Person Who Received Transfer Address	Description and voproperty transferr		paymei	ne any property or nts received or debts exchange	Date transfer was made		
	Person's relationship to you							
19.	Within 10 years before you filed for bankrupte beneficiary? (These are often called asset-protein No		y property to a se	elf-settled	trust or similar device of	of which you are a		
	Yes. Fill in the details.							
	Name of trust	Description and v	alue of the prope	rty transf	erred	Date Transfer was made		
						illauc		
Par	t 8: List of Certain Financial Accounts, Inst	ruments, Safe Deposit	Boxes, and Stora	age Units	i e			
20.	sold, moved, or transferred?	•				, ,		
	Include checking, savings, money market, or houses, pension funds, cooperatives, associ			r aeposit;	snares in banks, credit	unions, brokerage		
	No							
	Yes. Fill in the details.							
		Last 4 digits of account number	Type of account instrument		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?							
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?		
22.	Have you stored property in a storage unit or	,	home within 1 ye	ear before	you filed for bankruptc	y?		
	■ No							
	Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		escribe tl	he contents	Do you still have it?		
		•						
Par	t 9: Identify Property You Hold or Control for	or Someone Else						
23.	Do you hold or control any property that som for someone.	eone else owns? Inclu	ide any property	you borro	owed from, are storing fo	or, or hold in trust		
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, St Code)		escribe tl	he property	Value		
Par	t 10: Give Details About Environmental Infor	mation						
For	the purpose of Part 10, the following definition	ns apply:						

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Jayne M Lesniak

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

hazardous material, pollutant, contaminant, or similar term.								
ort a	II notices, releases, and proceedings that	at you know about, regardless of whe	n the	ey occurred.				
Has	any governmental unit notified you that	you may be liable or potentially liable	e unc	der or in violation of an environme	ental law?			
	No							
	Yes. Fill in the details.							
		Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice			
Hav	e you notified any governmental unit of	any release of hazardous material?						
	No Yes. Fill in the details.							
		Governmental unit Address (Number, Street, City, State an ZIP Code)	Address (Number, Street, City, State and		Date of notice			
Hav	e you been a party in any judicial or adm	ninistrative proceeding under any env	ironi	mental law? Include settlements	and orders.			
	No							
	Yes. Fill in the details.							
		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case			
t 11:	Give Details About Your Business or	Connections to Any Business						
Wit	— hin 4 years hefore you filed for hankrunt	cy did you own a business or have a	nv of	the following connections to any	v husiness?			
	_			-				
	_			,				
		ecutive of a corporation						
	_		ı					
			s.					
Bu	11.7	Describe the nature of the business						
		Name of accountant or bookkeeper		Do not include Social Security	number or ITIN.			
				Dates business existed				
		cy, did you give a financial statement	to aı	nyone about your business? Incl	ude all financial			
	No							
	Yes. Fill in the details below.							
Ad	dress	Date Issued						
	ort a Hass Na Add Hav Na Add Hav Bull Ca Ca till With Inst	Has any governmental unit notified you that No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of an address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or admage and address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or admage and address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or admage and address (Number) No Yes. Fill in the details. Case Title Case Number **In Give Details About Your Business or One of the State and Stat	ort all notices, releases, and proceedings that you know about, regardless of whe Has any governmental unit notified you that you may be liable or potentially liable. No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or administrative proceeding under any enventage of the details. Case Title Case Number Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) Within 4 years before you filed for bankruptcy, did you own a business or have at a A sole proprietor or self-employed in a trade, profession, or other activity A member of a limited liability company (LLC) or limited liability partners and Address (Number, Street, City, State and ZIP Code) No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business Business Name Address (Number, Street, City, State and ZIP Code) Within 2 years before you filed for bankruptcy, did you give a financial statement institutions, creditors, or other parties. No Yes. Fill in the details below. Name Address Name Date Issued	ort all notices, releases, and proceedings that you know about, regardless of when the Has any governmental unit notified you that you may be liable or potentially liable under the has any governmental unit notified you that you may be liable or potentially liable under the has any governmental unit notified you that you may be liable or potentially liable under the has any governmental unit of any release of hazardous material? No	ort all notices, releases, and proceedings that you know about, regardless of when they occurred. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental process. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or administrative proceeding under any environmental law, if you know it in the details. No Yes. Fill in the details. Case Title Case Number Street, City, State and ZIP Code) No Yes. Fill in the details. Court or agency Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No No No No of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Passiness Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Inclinistitutions, creditors, or other parties.			

Part 12: Sign Below

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are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Jayne M Lesniak

Jayne M Lesniak

Signature of Debtor 2

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

Date

■ No □ Yes

Signature of Debtor 1

Date October 6, 2016

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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			3	
Fill in this infor	mation to identify your	case:		
Debtor 1	Jayne M Lesniak			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIST	RICT OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an
				amended filing
creditors have least you must file the whiche on the	ever is earlier, unless th form	ur property, or nd the lease has no ithin 30 days after y e court extends the		the creditors and lessors you list
Be as complete write y		nber (if known).	needed, attach a separate sheet to this form. (On the top of any additional pages,
1. For any credit	tors that you listed in Pa		Creditors Who Have Claims Secured by Propo	erty (Official Form 106D), fill in the
information b Identify the cr	reditor and the property t	hat is collateral	What do you intend to do with the property t secures a debt?	hat Did you claim the property as exempt on Schedule C?
Creditor's			Currender the prepart	□ No
name:			☐ Surrender the property. ☐ Retain the property and redeem it.	□ NO
Description of	f		☐ Retain the property and enter into a	☐ Yes
property	I		Reaffirmation Agreement.	
securing debt	:		☐ Retain the property and [explain]:	
Creditor's			☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.	

Official Form 108

Creditor's

Description of

securing debt:

Description of

securing debt:

property

Creditor's

name:

property

Statement of Intention for Individuals Filing Under Chapter 7

 \square Surrender the property.

☐ Retain the property and enter into a

Reaffirmation Agreement.

☐ Surrender the property.

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

 \square Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Yes

☐ No

☐ Yes

☐ No

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Debtor 1	Jayne M Lesniak	Case number (ii	f known)
name: Descrip property securing	<i>'</i>	 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	□ Yes
For any un	rmation below. Do not list real estate	rty Leases t you listed in Schedule G: Executory Contracts and Unc e leases. Unexpired leases are leases that are still in effe erty lease if the trustee does not assume it. 11 U.S.C. § 30	ect; the lease period has not yet ended.
Describe	your unexpired personal property le	ases	Will the lease be assumed?
Lessor's n Description Property:	ame: n of leased		□ No □ Yes
Lessor's n Description Property:	ame: n of leased		□ No □ Yes
Lessor's n Description Property:	ame: n of leased		□ No □ Yes
Lessor's n Description Property:	ame: n of leased		□ No □ Yes
Lessor's n Description Property:	ame: n of leased		□ No
Lessor's n Description Property:	ame: n of leased		□ No
Lessor's n Description Property:	ame: n of leased		□ No □ Yes
Part 3: Under pen property the	nat is subject to an unexpired lease. ayne M Lesniak	ndicated my intention about any property of my estate the manner of Manner of Debtor 2	
	ne M Lesniak ature of Debtor 1 October 6, 2016	Signature of Debtor 2 Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-32081 Doc 1 Filed 10/07/16 Entered 10/07/16 10:32:33 Desc Main Document Page 50 of 54

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In re	Jayne M Lesniak		Case No.					
		Debtor(s)	Chapter	7				
	DISCLOSURE OF COMPEN	SATION OF ATTO	RNEY FOR DE	BTOR(S)				
(Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(tompensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy	, or agreed to be paid	to me, for services rend	lered or to			
	For legal services, I have agreed to accept		\$	1,130.00				
	Prior to the filing of this statement I have received			1,130.00				
	Balance Due		\$	0.00				
2.	The source of the compensation paid to me was:							
	■ Debtor □ Other (specify):							
3.	The source of compensation to be paid to me is:							
	■ Debtor □ Other (specify):							
4.	■ I have not agreed to share the above-disclosed compe	ensation with any other person	unless they are mem	pers and associates of m	ıy law firm.			
	☐ I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name				firm. A			
5.	In return for the above-disclosed fee, I have agreed to ren	n return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
1	 a. Analysis of the debtor's financial situation, and render b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of creditor d. [Other provisions as needed] Preparation and filing of reaffirmation ag 	ment of affairs and plan which rs and confirmation hearing, a	h may be required; and any adjourned hea		ptcy;			
6.]	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc any other adversary proceeding or any m	chargeability actions, jud	icial lien avoidance	es, relief from stay a	ıctions,			
		CERTIFICATION						
	I certify that the foregoing is a complete statement of any pankruptcy proceeding.	agreement or arrangement for	r payment to me for re	epresentation of the deb	tor(s) in			
0	October 6, 2016	/s/ Joseph Q. Lo	u					
\overline{D}	Date	Joseph Q. Lou 6			_			
		Signature of Attorn Joseph Q. Lou, L	•					
		4001 W. Devon A						
		Suite 201 Chicago, IL 6064	ıe					
		773-286-8484 Fa						
		Court@Josephlo						
		Name of law firm						

United States Bankruptcy CourtNorthern District of Illinois

T	James M. Laguigh		Core No		
In re	Jayne M Lesniak	Debtor(s)	Case No. Chapter 7		
	VERIFICATION OF CREDITOR MATRIX				
		Number of 6	Number of Creditors: 27		
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credito	ors is true and correct to	the best of my	
Date:	October 6, 2016	/s/ Jayne M Lesniak Jayne M Lesniak Signature of Debtor			

AMC Anesthesia LTD 35078 Eagle Way Chicago, IL 60678

Amex Po Box 297871 Fort Lauderdale, FL 33329

Amex Dsnb Po Box 8218 Mason, OH 45040

Cap1/carsn Po Box 30253 Salt Lake City, UT 84130

Cap1/saks 3455 Highway 80 W Jackson, MS 39209

Capital One Po Box 5253 Carol Stream, IL 60197

Capital One Po Box 30253 Salt Lake City, UT 84130

Capital One Bank Usa N Po Box 30281 Salt Lake City, UT 84130

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Chase Card Po Box 15298 Wilmington, DE 19850

Comenity Bank/carsons Po Box 182789 Columbus, OH 43218 Diagnostic Radiology Specialists Department 4062 Carol Stream, IL 60122

Discover Fin Svcs Llc Pob 15316 Wilmington, DE 19850

Dsnb Macys Po Box 8218 Mason, OH 45040

Exxmblciti Po Box 6497 Sioux Falls, SD 57117

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Sch Laboratory Physicians Department 4353 Carol Stream, IL 60122

Sch Laboratory Physicians 5700 Southwyck Blvd Toledo, OH 43614

Swedish Covenant Hospital 7426 Solution Center Chicago, IL 60677

Swedish Covenant Hospital 7452 Solution Center Chicago, IL 60677

Swedish Covenant Hospital 5145 N. California Ave Chicago, IL 60625

Syncb/qvc Po Box 965018 Orlando, FL 32896 Syncb/sams Club Po Box 965005 Orlando, FL 32896

Syncb/tjx Po Box 965005 Orlando, FL 32896

Syncb/tjx Cos Po Box 965005 Orlando, FL 32896

Thd/cbna Po Box 6497 Sioux Falls, SD 57117

Van Ru Credit Corporation 1350 E. Touhy Ave Suite 300E Des Plaines, IL 60018